

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Scott Mark A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of San Bernardino  
Division, Board, Department, District, if applicable  
City Manager's Office  
Your Position  
City Manager

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of San Bernardino  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2015, through December 31, 2015.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  The period covered is January 1, 2015, through the date of leaving office.
- Assuming Office: Date assumed 02 / 08 / 2016  -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
300 North D Street San Bernardino CA 92418  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 909 ) 384-5122 Scott\_ma@sbcity.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Feb. 24, 2016  
(month, day, year)

Signature Mark Scott  
(File the originally signed statement with your filing official.)